

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009614

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1264

STATE FILE NUMBER

FILED FEB 19 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **4572 St. Ferdinand Ave.**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**4572 St. Ferdinand Ave.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

**LILLIE**

**WHITE**

## 4. DATE OF DEATH

Month

Day

Year

**Feb. 3, 1963**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**Negro**

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

**6-13-1874**

## 9. AGE (last birthday)

**88**

## 10. IF UNDER 1 YEAR IF UNDER 24 H

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housewife**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Eudora, Mississippi**

## 11. BIRTHPLACE (City and state or country)

**USA**

## 13a. FATHER'S NAME

**Johnny Carter**

## 13b. MOTHER'S MAIDEN NAME

**Elizabeth Loudon**

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

**No**

## 17. INFORMANT

Address

**Mrs Elizabeth Smith 4572 St. Ferdinand**

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral Hemorrhage**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Generalized Arterio Sclerosis**

DUE TO (c)

**Senility**

**331X**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

**Chronic nephritis**

## PART III. If deceased was female was there a pregnancy in last 90 day

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 7, 1961** to **Feb 3rd 1963** and last saw her alive on **Feb. 3rd 1963**  
Death occurred at **11:55 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**S.S. Moore M.D.**

## 22b. ADDRESS

**2330 E. Franklin Ave Feb 5 '63**

## 22c. DATE SIGN

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**2-9-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Washington Park Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis County, Mo.,**

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

**G. Wade Granberry 4202 Finney Ave.,**

## 25. DATE RECD. BY LOCAL REG.

**FEB 6 1963**

## 26. REGISTRAR'S SIGNATURE

**Ed Smith M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 **21**

3

4 **3**

5 **2**

6

7 **1**

8 **2**

9

10

11

12 **90-0**

13

**90**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edward A. Finney*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,  
St. Louis 13, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.